



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Heart Conditions (Bypass Surgery) Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____

Proposed Insured: _____ Date of Birth: __/__/____

Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()

Amount of Coverage \$ _____ Product Type _____

1. Has the proposed insured used tobacco in any form in the last: () 12 () 24 () 36 () 48 () 60 months?
What Form: _____
2. In the past 12 months, have you lost or gained more than 10 lbs? _____
3. Date of surgery: _____ Number of vessels by-passed: _____
4. Reason for by-pass surgery: _____

5. Any chest pain since surgery? _____
6. Was there a heart attack before by-pass? _____
7. Was cardiac catheterization done prior to surgery? _____
Who has report? _____
Address: _____
8. What is ejection fraction? _____ What is end diastolic pressure? _____
9. Did you have (1) treadmill (2) thallium scans (3) coronary angiography: _____
By whom? _____ Date: _____
Address: _____
10. Current medical status: _____

FAMILY HISTORY

Family Member	Age	If Living State of Health or Cause of Death	Age at Death
Father			
Mother			
Brother (s)			
Sister (s)			